09/587, 970.





1-14962

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Certificate of Corrections Branch, Commissioner for Patents, PO Box 1450 Alexandria VA22313-1450, on March 3, 2005

Mark A. Hixon

Certificate
MAR 1 4 2005

of Correction

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Hurst et al.

Art Unit:

1731

U.S. Patent No. 6,840,061

Examiner:

S. Vincent

Filed: June 6, 2000

Issued:

January 11, 2005

For: IMPROVEMENTS IN COATINGS]

ON SUBSTRATES

Attorney Docket: 1-14962

March 3, 2005

ATTN: Certificate of Corrections Branch

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

REQUEST FOR CERTIFICATE OF CORRECTION

Honorable Sir:

It is submitted that errors appeared in the printing of the above-identified patent as shown below and as shown on the accompanying form PTO/SB/44. The requisite fee under 37 CFR 1.20(a) is submitted herewith for entry of a Certificate of Correction.

03/08/2005 YPOLITE2 00000004 684061

01 FC:1811

100.00 OP

Errors are as follows:

In claim 10, line 1, the phrase "claimed in" is repeated and the second occurrence thereof should be deleted.

In view of the above remarks, please issue a "Certificate of Correction" evidencing these corrections of the above patent.

Respectfully submitted,

Mark A. Hixon

Registration No. 44,766

ATTORNEYS
Marshall & Melhorn
Four SeaGate - 8th Floor

Toledo, Ohio 43604

(419) 249-7114

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE on persons are required to respond to a collection of information unless it displays a valid OMR control number Under the Paner wak Reduction Act of 150

Fees pursuant to the Constitute on	2004.		Complete if K	Known	
		Application Number	09/587,970		
FEE TRANSMITTAL		Filing Date	June 6, 2000	June 6, 2000	
For FY 2005		First Named Inventor	Hurst, et al.		
Applicant claims small entity	etatus See 37 CED 1 27	Examiner Name	S. Vincent		
		Art Unit	1731		
TOTAL AMOUNT OF PAYMENT	(\$) 100.00	Attorney Docket No.	1-14962		
METHOD OF PAYMENT (che	eck all that apply)				
✓ Check Credit Card	✓ Check Credit Card Money Order None Other (please identify):				
Deposit Account Deposit	Account Number: 13-1816	Deposit Account N		& Melhom, LLC	
— ·	eposit account, the Director is	·			
Charge fee(s) indica				v, except for the filing fee	
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under 37 CFR 1.16 WARNING: Information on this form			-	m. Provide credit card	
information and authorization on PT					
FEE CALCULATION					
1. BASIC FILING, SEARCH,				F0	
FIL	ING FEES SE Small Entity	ARCH FEES EXA Small Entity	MINATION FE Small Enti	tv	
	(\$) <u>Fee (\$)</u> <u>Fee</u>		(\$) Fee (\$)	Fees Paid (\$)	
- Utility 30	0 150 50	0 250 20	0 100		
Design 20	0 100 10	0 50 13	0 65		
Plant 20	0 100 30	0 150 16	0 80		
Reissue 30	0 150 50	0 250 60	0 300		
Provisional 20	0 100	0 0	0 0	######################################	
2. EXCESS CLAIM FEES			Fee (S	Small Entity	
Fee Description Each claim over 20 (include	ling Reissues)		50	<u>Fee (\$)</u> 25	
Each independent claim ov			200		
Multiple dependent claims			360	180	
• •		Fee Paid (\$)	<u>Multip</u>	le Dependent Claims	
- 20 or HP =	x= _		<u>Fee (</u>	\$)	
HP = highest number of total claims Indep. Claims Extra		Fee Paid (\$)			
3 or HP =	X= _				
HP = highest number of independent claims paid for, if greater than 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer					
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50					
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)					
- 100 = /50 = (round up to a whole number) x =					
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)					
Other (e.g., late filing surcharge): Request for Certificate of Correction 100.00					
SUBMITTED BY					
ignature I A	NY)	Registration No. (Attorney/Agent) 44,766	Tele	ephone 419-249-7114	
Jame (Print/Type) Mark A. Hixon, I	-sn	[[Attorney/Agent)	Dat	-6/2	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(to be used for all correspondence after initial filing) Total Number of Pages in This Submission	ons are required to respond to a ox Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ellection of information unless it displays a valid OMB control number. 09/587,970 June 6, 2000 Hurst, et al. 1731 S. Vincent
Fee Transmittal Form Fee Attached Amendment/Repty After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatic Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	Address Status Letter Other Enclosure(s) (please Identify below): Request for Certificate of Correction
Firm Name MARSHALL & MELHORN, LLC Signature Printed name Mark A. Hixon, Esq. Date CERTIF I hereby certify that this correspondence is being face	FICATE OF TRANSMISS	Reg. No. 44,766

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

Under the Park Dyork Reduction Act of	1995 no persons are required to	11.0.0-444-	opproved for use through 07/31/2 idemark Office; U.S. DEPARTM mation unless it displays a valid		
Fees pursuant to the Mountain Ap	17		Complete if Known		
		Application Number	09/587,970		
FEE IRAI	NSMITTAL	Filing Date	June 6, 2000		
For F	/ 2005	First Named Inventor	Hurst, et al.		
Applicant claims small entity	etatus. Sac 27 CER 1 27	Examiner Name	S. Vincent		
Applicant claims small entity		Art Unit	1731		
TOTAL AMOUNT OF PAYMENT	(\$) 100.00	Attorney Docket No.	1-14962	<i>_</i>	
METHOD OF PAYMENT (che	ck all that apply)				
Check Credit Card Money Order None Other (please identify):					
Deposit Account Deposit	,	-	ame: Marshall & Melhor	n. LLC	
	posit account, the Director is I	<u> </u>	-	,,,	
Charge fee(s) indica		<u> </u>) indicated below, except fo	r the filing fee	
- '	al fee(s) or underpayments of			r die illing lee	
under 37 CFR 1.16	and 1.17	T Gledit any of		and it and	
WARNING: Information on this form information and authorization on PTC		information should not be in	ciuded on this form. Provide c	redit card	
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
FIL	ING FEES SEA	ARCH FEES EXA Small Entity	MINATION FEES Small Entity		
Application Type Fee	(\$) <u>Fee (\$)</u> <u>Fee</u>	(\$) Fee (\$) Fee	(\$) Fee (\$) F	ees Paid (\$)	
- Utility 30	0 150 500	250 20	0 100		
Design 20	-	0 50 13	0 65 —		
Plant 20	0 100 30	0 150 16	0 80		
Reissue 30	0 150 50	250 60	0 300		
Provisional 20	0 100	0	0 0		
2. EXCESS CLAIM FEES Fee Description				Entity (\$)	
Each claim over 20 (includ	ing Reissues)			25	
Each independent claim ov			200 1	00	
Multiple dependent claims				80	
		ee Paid (\$)	Multiple Depende		
20 or HP = x = <u>Fee (\$) Fee Paid (\$)</u> HP = highest number of total claims paid for, if greater than 20.					
Indep. Claims Extra	Claims Fee (\$)	ee Paid (\$)	 -		
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer					
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50					
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
	<u> </u>	each additional 50 or fract (round up to a whole r	ion thereof <u>Fee (\$)</u> number) x:	<u>Fee Paid (\$)</u> =	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)					
				100.00	

SUBMITTED BY			
Signature	IN DO	Registration No. (Attorney/Agent) 44,766	Telephone 419-249-7114
Name (Print/Type)	Mark A. Hixon, Esq.		Date 3/3/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

PATENT NO.

6.840.061

DATED

: January 11, 2005

INVENTOR(S) : Hurst et al.

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Claim 10, first line, delete the second occurence of the phrase "claimed in".

MAILING ADDRESS OF SENDER:

Marshall & Melhorn Four Seagate Centre 8th Floor Toledo, OH 43604

PATENT NO. 6,840,061

No. of additional copies

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.